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I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582593669 US, on the date shown below in an envelope addressed to: Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

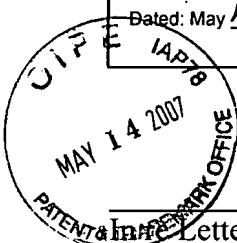
Dated: May 14, 2007

Signature: 
(Rose Pujic-Salmeron)

Docket No.: 437252001200

(PATENT)

Client Reference No. 14.40359



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

~~Patent and Trademark Office~~ Letters Patent of:
Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

For: METHODS AND COMPOSITIONS FOR
IMPROVED ARTICULAR SURGERY USING
COLLAGEN

REQUEST FOR CERTIFICATE OF CORRECTION PURSUANT TO 37 CFR 1.322

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

*Certificate
MAY 18 2007
of Correction*

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted typographical errors which should be corrected.

In the Claims:

In claim 12, column 17, line 63, please replace "and the anesthetic are in a ratio of from about 1:1" with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace "concentration is from about 165 mg/ml" with --concentration is about 65 mg/ml--; and

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In claim 30, column 18, line 44, please replace "are in a ratio of from about 3.1 to about 4.7:1." with --are in a ratio of from about 3:1 to about 4.7:1--; and

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In claim 31, column 18, line 47, please replace "concentration of is about 4-30 mg/ml." with --concentration is about 4-30 mg/ml.--; and

In claim 74, column 20, line 41, please replace "non-crosslinked type I" with --non-crosslinked Type I--; and

In claim 98, column 22, line 21, please replace "The method of claim 74" with --The method of claim 97--

Certain errors were in the application as filed by applicant; accordingly a fee is required. Please charge our Deposit Account No. 03-1952 in the amount of **\$100.00** covering the fee set forth in 37 CFR 1.20(a).

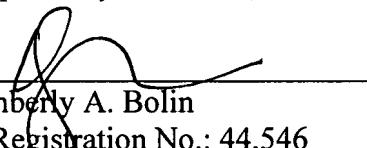
The errors now sought to be corrected are inadvertent typographical errors, the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Deposit Account No. 03-1952**, under Order No. 437242001200.

Dated: May 14, 2007

Respectfully submitted,

By 

Kimberly A. Bolin

Registration No.: 44,546
MORRISON & FOERSTER LLP

755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-5740

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTIONPage 1 of 1

PATENT NO. : 7,119,062
APPLICATION NO. : 10/082,443
ISSUE DATE : October 10, 2006
INVENTOR(S) : Mark R. ALVIS et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 12, column 17, line 63, please replace “and the anesthetic are in a ratio of from about 1:1” with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace “concentration is from about 65 mg/ml.” with --concentration is about 65 mg/ml.--; and

In claim 30, column 18, line 44, please replace “are in a ratio of from about 3.1 to about 4.7:1.” with --are in a ratio of from about 3:1 to about 4.7:1.--; and

In claim 31, column 18, line 47, please replace “concentration of is about 4-30 mg/ml.” with --concentration is about 4-30 mg/ml.--; and

In claim 74, column 20, line 41, please replace “non-crosslinked type I” with --non-crosslinked Type I--; and

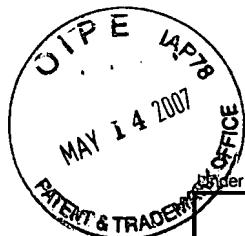
In claim 98, column 22, line 21, please replace “The method of claim 74” with --The method of claim 97--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Kimberly A. Bolin
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018

pa-1164457

8 2007



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

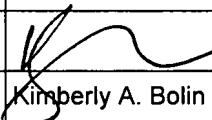
Application Number	10/082,443 (Patent#: 7,119,062 B1)
Filing Date	February 22, 2002 (Issued: October 10, 2006)
First Named Inventor	Mark R. ALVIS
Art Unit	1654
Examiner Name	A. Mohamed

Attorney Docket Number 437252001200

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing – 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Request for Certificate of Correction - 3 pages • Certificate of Correction - 1 page • Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer Number: 25226)		
Signature			
Printed name	Kimberly A. Bolin		
Date	May 14, 2007	Reg. No.	44,546

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582593669 US, on the date shown below in an envelope addressed to:

Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 14, 2007

Signature:  (Rose Puljic-Salmeron)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100.00)

Complete if Known

Application Number	10/082,443 (Patent#: 7,119,062 B1)
Filing Date	Feb. 22, 2002 (Issued: October 10, 2006)
First Named Inventor	Mark R. ALVIS
Examiner Name	A. Mohamed
Art Unit	1654
Attorney Docket No.	437252001200

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 200 100

Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-	=	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
-	=	x	=	-

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

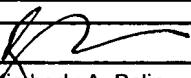
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1811 Certificate of correction 100.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		44,546	(650) 813-5740
Name (Print/Type)	Kimberly A. Bolin	Date	May 14, 2007